

L12000077145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

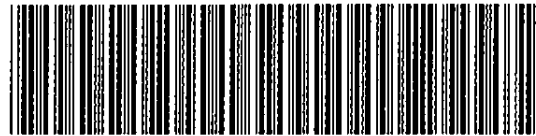
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 JUN -8 AM 11:12

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

JUN 11 2012



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 234029 6471A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 8, 2012

ORDER TIME : 9:15 AM

ORDER NO. : 234029-005

CUSTOMER NO: 6471A

DOMESTIC FILING

NAME: COLLABORATIVE CARE OF FLORIDA,  
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Collaborative Care of Florida, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James B. Bogner

Name of Person

Mateer & Harbert, PA

Firm/Company

225 E. Robinson Street, Suite 600

Address

Orlando, FL 32801

City/State and Zip Code

jbogner@mateerharbert.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Bogner

Name of Person

at ( 407 ) 425-9044

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2012 JUN -8 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
COLLABORATIVE CARE OF FLORIDA, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608 et seq., *Florida Statutes*, does hereby certify as follows:

**ARTICLE I: NAME**

The name of the limited liability company is COLLABORATIVE CARE OF FLORIDA, LLC (the "Company").

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Company is:

1414 Kuhl Avenue, Attn: President, Orlando, Florida 32806

**ARTICLE III: REGISTERED AGENT AND REGISTERED OFFICE**

The name and Florida street address of the registered agent are:

Mildred D. Beam, 1414 Kuhl Avenue, M.P. 2, Orlando, Florida 32806


Having been named as registered agent and to accept service of process for **COLLABORATIVE CARE OF FLORIDA, LLC**, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, *Florida Statutes*.

  
\_\_\_\_\_  
Mildred D. Beam

**ARTICLE IV: MANAGEMENT**

The Company shall be member-managed as provided in the Operating Agreement.

In accordance with Section 608.408(3), *Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Mildred D. Beam  
Authorized Representative

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